

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1										
TOTAL DEP.	1285		25										
TOTAL CLAIMS	1286		26										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)